

Declaration and Power of Attorney For Utility or Design Patent Application **English Language Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FORMULA MILK PREPARATION APPARATUS AND METHOD

the specification of which is attached hereto unless the following box is checked:

☒ was filed on 09 MAY 2003 as

United States Application Number _____ (if applicable) or,
 and was amended on _____

PCT International Application Number PCT/GB2003/01982 (if applicable)
 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below. I have also identified below, by checking the "No" box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

			Priority Claimed	
<u>0210697.9</u>	<u>GB</u>	<u>10 MAY 2002</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

(Number) (Day/Month/Year Filed)

(Number) (Day/Month/Year Filed)

(Number) (Day/Month/Year Filed)

☐ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and,

insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)
(Application No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

☐ Additional U.S. or international application numbers are listed on a supplemental priority sheet attached hereto.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from either his foreign patent agent or corporate representative, if any, as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

CUSTOMER NUMBER 7055

The appointed attorneys include:

Neil F. Greenblum	Reg. No. 28,394	Stephen M. Roylance	Reg. No. 31,296
Bruce H. Bernstein	Reg. No. 29,027	Leslie J. Paperner	Reg. No. 33,329
Arnold Turk	Reg. No. 33,094	William Pieprz	Reg. No. 33,630
James L. Rowland	Reg. No. 32,674	William E. Lyddane	Reg. No. 41,568
Robert W. Mueller	Reg. No. 35,043		

At: Greenblum & Bernstein, P.L.C.
1950 Roland Clarke Place
Reston, VA 20191

Direct Telephone Calls to: Greenblum & Bernstein, P.L.C. (703) 716-1191

Full name of sole or first inventor		<u>Charnjit Singh DHALIWAL</u>
Inventor's signature	<u>C.S. Dhaliwal.</u>	Date <u>21 10 04.</u>
Residence	<u>SWINDON, UNITED KINGDOM GBK</u>	
Citizenship	<u>BRITISH.</u>	
Post Office Address	<u>14 Saddleback Road, Shaw, Swindon, SN5 5RL, United Kingdom</u>	

(Supply similar information and signature for second and subsequent joint inventors.)

Full name of second joint inventor, if any	
Second Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	
Full name of third joint inventor, if any	
Third Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	
Full name of fourth joint inventor, if any	
Fourth Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	
Full name of fifth joint inventor, if any	
Fifth Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	
Full name of sixth joint inventor, if any	
Sixth Inventor's signature	Date
Residence	
Citizenship	
Post Office Address	